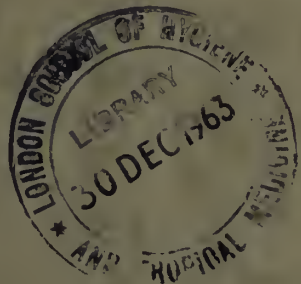


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KENT COUNTY COUNCIL

EDUCATION COMMITTEE



ANNUAL REPORT
OF THE
SCHOOL MEDICAL OFFICER

For the Year 1941

CONSTANT PONDER, M.A., M.D., D.P.H.
School Medical Officer

KENT COUNTY COUNCIL

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KENT COUNTY COUNCIL

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PUBLIC HEALTH DEPARTMENT,

COUNTY HALL,

MAIDSTONE.

25th March, 1942.

To the Chairman and Members of the Kent Education Committee.

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I present herewith Dr. Fox's report on the work of the School Medical Officers during the past year—a report which is necessarily seriously abbreviated in response to the present-day demand for economy in labour and materials.

It will be clear that we can fortunately report that the War has not interfered seriously with the prosecution of an activity which everyone agrees is of paramount importance, if as a nation we are to survive, *viz.*, the health and welfare of the younger generation. We are in a better position to maintain this standard owing to the fact that it so happens that the medical staff in this section of my Department are either women or men above "military age."

Such being the case it is tempting to pursue an active course in trying to bring about new developments aiming at reforms the need for which is made manifest, and indeed emphasized, as a result of War conditions. I feel, however, that since it is essential that all spare energies should be given to the War, it is wiser to postpone definite recommendations to a later date.

Nevertheless, I think that such time as we have available may well be given to turning over in our minds some of these important matters so that we may be ready when the time comes, to frame definite proposals. I therefore set out below some matters to which I should give first place in a post-war programme.

1. The War has taught us the need for economizing our food stuffs to the end that all may be adequately fed on stocks available. This principle has a wide application in respect of the welfare of children for all time.

It should be regarded as axiomatic that *no* child should be allowed to grow up stunted of adequate and properly balanced food. Such an end can only be obtained by adequate wages (in which the question of "Family Allowances" must be considered), the education of the young mother in marketing, and in the cooking of food, and such adjuncts as the universal provision of a satisfactory mid-day meal at the school for those unable to return to their homes.

2. "Evacuation" has shown the marked improvement of health which results from a child being removed from a slum and urban environment to a home in the country.

It should be made possible by the wide establishment of residential camps at the seaside and in country air, that *every* child has a period annually, when he gets the benefit of unlimited fresh air, of good food, and of the opportunities provided in a communal life.

3. The mortality and morbidity in children resulting from bovine tuberculosis should be brought to an end by the universal provision of pasteurised milk.

In any scheme of agricultural reorganization, which it would seem is now generally regarded as essential to this country's well being, plans should be included for the treatment of raw milk at central depots so that all infections are prevented.

4. The mortality and morbidity resulting from diphtheria can and should be brought to an end without delay.

A widespread campaign of education of parents, together with free facilities for immunisation should be entered upon so that, as in Canadian towns and elsewhere, a sufficiently large proportion of the population is immunised to ensure the abolition of this scourge.

I think few will be found to disagree with the above suggestions. I add details of two more reforms which personally I consider necessary but which may, perhaps, be regarded as more controversial.

I hold the view that the School Medical Service is neither regarded with sufficient attention nor its importance appreciated. Work in that department is too often looked upon as a stepping-stone to Public Health appointments rather than as a life's work for those specially interested in this important branch of medicine.

One factor leading to the work of the school doctor becoming sterile and monotonous is the lack of a clinical interest. It is difficult, if not impossible at present, to arrange that treatment of the children can be undertaken without encroachment on the work of general practitioners and specialists. It is, however, becoming clear that after the war we shall see very great changes in the organization of medical practice. Whether such changes will result in a State Medical Service conducted by salaried practitioners, as many believe, or whether some other form of organization will be developed, there is no doubt that a much greater importance than at present will be attached to the preventive aspects of treatment. I suggest, therefore, that we should be prepared to consider a child medical service on new lines which should aim at fitting in with the new conception of medical practice.

Such a service, I suggest, should aim at dealing with the preventive side of medicine in respect of children of all ages from birth to school leaving age. It would thus embrace the work of the child welfare centres as well as the work of school medical inspection. It would include the conduct of clinics where more treatment would be undertaken than at the present school clinic, with possibly the charge of certain beds at County Hospitals and Convalescent Homes. Special attention would be given to child psychology. Before taking on such work special training and experience in infant and child welfare would be needed, and the posts should be sufficiently well rewarded to make able young doctors think it worth while as a career. It should be known as the "Pædiatric Service" and be as distinct a branch of Public Health as is the "Tuberculosis Service." Junior and Senior posts would probably be developed.

Lastly, I would put forward for consideration the question of the need for some measure of compulsion in those cases where health services are provided and the parents, either through ignorance or apathy, fail to take advantage of such services for their children. For such neglect we have no satisfactory remedy except in cases—and they are very rare—when we are able to call in the effective assistance of the Courts. As a nation, we hesitate to take action interfering with the "liberty of the subject," but when such liberty involves damage to a child's health, present and future, it seems justifiable to reconsider this point of view. The Education Acts enforce education because the opportunity benefits not only the individual but the nation as a whole inasmuch as it tends to produce good citizenship in the widest sense. The Health Acts also should benefit the individual (obviously) and also the State because neglected health results temporarily and permanently in heavy charges for hospitalization, unemployment, and even transmission of infection to others (*e.g.*, tuberculosis, diphtheria, etc). I therefore ask, with some diffidence: "If compulsory Education, why not compulsory Health?"

It is with great pleasure that I acknowledge the valuable assistance given to our work; by Voluntary Bodies, especially the National Society for the Prevention of Cruelty to Children, the Kent Council of Social Service and the Kent Voluntary Association for Mental Welfare, and by the willing co-operation of all school masters, mistresses and teachers. All members of the staff continue to carry out their duties loyally and efficiently.

Finally, I recognise gratefully the interest which your Committee takes in this branch of my work, and the ready support which its Members give to me at all times.

I am,

Your obedient servant,

CONSTANT PONDER,

School Medical Officer.

REPORT ON THE MEDICAL INSPECTION and TREATMENT of SCHOOL CHILDREN.

THE NATIONAL EMERGENCY.—The year 1941 provides a great contrast with 1940 in that the interruptions from air-raids to the conduct of the schools almost ceased and in consequence also the interference with the School Medical Service. There have been a few further evacuations of children from the coastal areas, but there are more returns. At the end of 1940 it was estimated that 7,000 evacuees remained in the County and that 8,800 children ordinarily resident in the Committee's area were at schools elsewhere. The corresponding figures at the end of 1941 are 5,300 and 6,700.

As an appreciable part of the school population, say 50%, still remained in the coastal areas at the end of 1940, schools closed since June, 1940, were opened again partially and provisionally. At first classes were limited to 20-25 children in number and $2\frac{1}{2}$ hours in duration. But owing to the cessation of immediate danger from air-raids, and perhaps also as a result of the provision of these classes, more and more children were brought back into these coastal zones, till by the end of 1941 full opening of the more important schools was authorised. The activities of the School Medical Service have extended *pari passu*.

STAFF.

The appointment of two temporary Assistant School Medical Officers, Dr. M. E. Ledger and Dr. M. Flynn and of an Ophthalmic Surgeon, Dr. C. H. Bryant, on the temporary staff restores the full complement of medical officers, though on account of the increase in time devoted by most of these officers to Maternity and Child Welfare work, the staff is still inadequate. At the end of the year, authority for the appointment of another full-time temporary School Medical Officer had been authorised. Miss Boss, a temporary Dental Officer, left the Committee's service and the vacancy was filled by Mrs. Dawe, L.D.S.

MEDICAL INSPECTION has proceeded almost normally throughout the year. There has been little need to curtail the number or scope of examinations by reason of staffing or other difficulties, though shrinking transport facilities and the need for strict economy have naturally tended to prevent developments in the service.

North West Kent continues to expand in population whilst South East Kent remains stationary. In the Committee's area East of Maidstone, only two whole-time doctors are required, compared with twelve in West Kent.

Table 1 shows the total number of inspections at prescribed ages carried out during 1941 in elementary schools. It is practically the same as for 1940. There has been a further small decline in the case of schools for further education.

FINDINGS OF MEDICAL INSPECTION.

NUTRITION.—Table 2 gives a classification of all children examined at the routine ages in accordance with their nutritional state. It shows no significant variation from the corresponding tables of previous years. The inference that school children's nutrition is being maintained is not definitely contradicted by any collateral information, though double summer-time in association with the absence of parents on war work is causing some misgiving on *a priori* grounds.

SCHOOL MEALS.—During the year ended 31st March, 1941, the number of meals provided in Elementary School Canteens was 876,714 which was nearly 3,000 fewer than in the preceding year. The reduction, while regrettable, is small and is due to the effects both indirect and direct of evacuation, and of part-time education in some districts. These effects were operative in the early part of the year under review. The latter reason no longer exists.

The main development during the year under review is the decision of the Government to encourage, as a means of economy in labour and rations, communal feeding by means of British Restaurants, Works Canteens and school meals. As part of the Government policy, special attention is being given to the needs of children, and the Ministry of Food has ensured that priority supplies of milk, both liquid and dried, and adequate quantities of staple food stuffs, including kinds which are unrationed but in short supply, are made available for school meals. Children are taking full advantage of the meals at present provided at school canteens. Canteens that were closed because of war conditions or because of lack of support have been reopened. A number of new canteens have been opened and others are now being equipped. The following figures show how the number of children who are being fed has increased. They relate only to Elementary Schools and include billeted children as well as native children :—

February, 1941	...	...	...	5,292
May, 1941	...	...	...	7,058
October, 1941	...	...	...	8,449
December, 1941	...	...	...	9,359

In addition some 4,500 children were having meals in Secondary Schools by the end of the year.

The Education Committee have agreed to undertake the responsibility of making arrangements for the feeding of the Civilian population in rural areas and in certain urban areas in the County if and when an emergency arises. As part of these arrangements additional equipment is being provided to increase the capacity of a number of existing canteen kitchens. In addition, several central cooking depots will be set up in strategic positions. These additional cooking facilities will be brought into use as soon as they are ready, and, until the emergency arises, meals will be available for despatch in containers to neighbouring schools which have no canteens of their own. It may confidently be expected that these measures will result in a substantial increase in the number of children who will be fed in school.

Apart from solid meals, the Milk in Schools Scheme continues to function as an essential measure for maintaining the nutrition of school children during the war. It is another priority service for children which is fostered by the Ministry of Food and the Board of Education and its supplies secured. The following figures of the number of children in Elementary Schools who were having milk at the date stated have been obtained. They also include billeted children :—

February, 1941	...	...	...	38,086
May, 1941	...	...	...	48,846
October, 1941	...	...	...	53,638
December, 1941	...	...	...	54,490

There is nothing more certain to secure the well-being of the school population than any measures which will ensure for each child at least one good meal a day, and perhaps war emergency measures will pave the way to permanent improvements. Should "family allowances" become realities, an allocation of a certain proportion to school canteens would solve many problems and especially help those children in direst need owing to their unfortunate home circumstances.

This Department would like to express gratitude to those teachers whose services have made the scheme relating to school meals and milk supplies possible. The handling of the milk in the schools is becoming increasingly difficult owing to the frequency with which it is being delivered in bulk or in larger bottles than the $\frac{1}{3}$ rd pint ration. Such difficulties can only be overcome on the spot, and the resourcefulness and devotion of the teachers in dealing with these problems is beyond praise.

MILK IN SCHOOLS—PATHOLOGIST'S REPORT.

During the year, 1,087 samples of school milk were examined for bacteriological cleanliness—a slight decrease compared with the previous year when 1,206 were tested. Of the 1,087 samples, 640, *i.e.*, 59% were pasteurised, of which 7.5% failed to pass the prescribed tests and 447 were "raw" milks of which 11.2% failed, so that of the school milk supplies as a whole, 91% were found to be "bacteriologically clean" as compared with 93.6% in 1940.

There was a decrease in the number of raw milks infected with tubercle bacilli: 15 out of 301 samples on which biological examinations were carried out contained living tubercle bacilli, *i.e.*, 4.98% as compared with 17 out of 304 samples, *i.e.*, 5.59% in the previous year. None of the 98 "pasteurised" supplies examined in 1940 contained tubercle bacilli, but 3 out of 80 samples, *i.e.*, 3.75% were positive in 1941. Two of these milks however, were subjected to "flash" pasteurisation, and in the third case, it could only be assumed that the milk was pasteurised, as definite information was not available. This brings out two important points namely, that "flash" pasteurisation does not appear to be as reliable as the "holder" method of pasteurisation and that strict supervision of pasteurising plants is essential in order to ensure complete destruction of tubercle bacilli in milk supplies.

MEDICAL TREATMENT.

TABLE 3.—Group I or Minor Ailments.—On this occasion the figure given includes all children attending minor ailment clinics for whatever reason. The spread of scabies occasioned anxiety owing to the difficulty caused by re-infection from unknown sources, but on 14th November, 1941, the Ministry of Health and Board of Education issued a circular No. 2517 setting out provisions made for dealing with the situation. Local Authorities are now able to take suitable action, and cases of special difficulty can be referred to the district Medical Officer of Health for any necessary action. The use of benzyl benzoate instead of sulphur has proved most valuable.

Consequent on the Board of Education's Circular 1544, the subject of infestation by lice was specially inquired into by all Local Authorities in the County whether also Local Education Authorities or not. No evidence emerged to suggest that the problem was one of any urgency in Kent. One useful proposal was made for improving the present position—that Local Sanitary Authorities who are responsible in their areas for Maternity and Child Welfare but not for elementary education should be notified of cases of lousiness found in the schools. This is being done in the cases of the Borough of Bexley and Crayford Urban.

Group II.—Arrangements for the treatment of defects of vision remain unaltered. Under the Prevention of Blindness regulations, children with high myopia or other eye defects requiring supervision can continue in attendance at the clinics after leaving school.

Group III.—Operations for tonsils and adenoids have declined to one half the number recorded before the outbreak of war. This is due to the difficulty in getting them done.

TABLE 4.—Owing to an unusual amount of sick or other leave, the total output of dental work has fallen a little. In any case the staff is insufficient to carry out all the work which ought to be done, so at the end of the year, approval was obtained for the appointment of three more temporary Dental Surgeons. Two of these new members of the staff will start work early in the New Year.

The Senior Dental Surgeon, Mr. Saunders, reports that work in the elementary schools absorbs 70% of the time of the staff, the rest being divided in approximately equal measure between schools for further education and Maternity and Child Welfare. Little more than half the children in the elementary schools were dentally inspected during the year. 66% of those inspected were found to be in need of treatment, and 53% of these accepted the offer of treatment. The average daily output of work in connection with school children is :

Attendances.	Completely treated.	New Cases	Extractions.	Fillings.
16	6	7	12.5	11

ATTENDANCES AT THE EAR, NOSE AND THROAT CLINICS.

Cases of Otitis Media.

New Cases	...	...	...	...	...	294
Attendances	...	...	...	...	...	1573

Nasal Cases.

New Cases	...	...	...	...	...	146
Attendances	...	...	...	...	...	631

Hard of Hearing Cases.

New Cases	...	...	...	...	...	88
Attendances	...	...	...	...	...	793

Tonsil and Adenoid Cases.

Examinations and Attendances	...	...	...	295
Cases requiring treatment	...	...	...	103
No treatment required	97
Cases under observation	95

Total Attendances	3,292
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Medical treatment is being carried out to quite a large extent notwithstanding a passive resistance from parents which leads to serious waste of endeavour in many directions. This constitutes a burden on the Community for which some sort of relief should be devised. The problem is to reconcile the right of the individual to be unfit with the duty and need of the Community to be fit. It is part of the larger problem arising from the possession of responsible citizenship by a proportion of the population which must always remain irresponsible.

CHILD GUIDANCE CLINICS.—Maladjusted children and cases of difficult behaviour are seen by Dr. Felix Brown at Guy's Hospital or at the Farnborough County Hospital. The West End Hospital for Nervous Diseases also gives valuable help. Dr. Roberts' services in a similar capacity are in increasing demand at Ashford and Dr. Campbell advises in respect of boys at the Remand Home, Harrietsham. At Tunbridge Wells advice from Dr. Hamilton Pearson is available. With better facilities for child guidance and a better appreciation of their value, there seem to be more children or rather more parents requiring guidance, though it is not certain to what extent the apparent increase is real.

SPEECH CLINICS.—Dr. Stableforth reports that the clinics at Dartford and Chislehurst are functioning satisfactorily. There has been some increase in the number of cases under treatment and of the number discharged as cured. Teachers are most appreciative and interested. Senior students from the West End Hospital for Nervous Diseases have resumed attendance and help materially in routine and group treatments.

CO-OPERATION OF VOLUNTARY BODIES.

THE KENT VOLUNTARY ASSOCIATION FOR MENTAL WELFARE report that there were 375 cases of mental defect under supervision at the end of the year, as compared with 396 the year before. Seven children entered residential special schools, 13 left the area and 45 reached the age of 19 years. A brief account is given of steps taken to ensure the psychological investigation of cases of behaviour problems or maladjustment and of the benefits accruing.

THE KENT COUNCIL OF SOCIAL SERVICE report that action has been taken in respect of 8,407 children, of whom 2,526 were referred to the Council for the first time in 1941. The bulk of the work is classified as "Care and Supervision" in the homes and examples are given. There are now 286 voluntary supervisors in the County and in several of the more congested areas, local Committees have been formed. The Council's help is of particular value in cases where Public Assistance does not entirely meet the need.

THE NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN continues to afford assistance of great value and in circumstances of exceptional difficulty.

MISCELLANEOUS.

NECESSITOUS CASES.—During 1941, the Committee gave assistance to the undermentioned cases :—

Provision of Travelling Expenses	...	70 cases.
„ „ Spectacles	... ..	269 cases.

TABLE 1

(BOARD OF EDUCATION TABLE 1, WAR EDITION).

MEDICAL INSPECTIONS OF CHILDREN ATTENDING PUBLIC ELEMENTARY SCHOOLS.

A.—Routine Medical Inspections.

NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS.

Entrants	9,037
Second Age Group	8,645
Third Age Group	7,590
Total	25,272
Number of other Routine Inspections	—
Grand Total	25,272

B.—Other Inspections.

Number of Special Inspections and Re-Inspections	30,356
---	--------

TABLE 2

(BOARD OF EDUCATION TABLE 2, WAR EDITION).

Classification of the Nutrition of Children Inspected during the year in the Routine Age Groups, year ended December 31st, 1941.

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	9,037	1,340	14.8	6,587	72.9	1,052	11.7	58	0.6
Second Age-group ...	8,645	1,080	12.5	6,430	74.4	1,083	12.5	52	0.6
Third Age-group... ..	7,590	1,448	19.1	5,034	66.3	1,041	13.7	67	0.9
Other Routine Inspections	—	—	—	—	—	—	—	—	—
TOTAL	25,272	3,868	15.3	18,051	71.4	3,176	12.6	177	0.7

TABLE 3.

(BOARD OF EDUCATION TABLE 3).

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS).

Total Number of Defects treated or under treatment during the year under the Authority's Scheme ... 6,809

GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS—GROUP I.).

	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including squint).	3,308	50	3,358
Other defect or disease of the eyes (excluding those recorded in Group I)	—	—	—
Total	3,308	50	3,358
No. of Children for whom spectacles were	Under the Authority's Scheme.	Otherwise.	Total.
(a) Prescribed	1,368	16	1,384
(b) Obtained	1,331	14	1,345

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

No. of Defects.			
Received Operative Treatment.		Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.		
(1)	(2)	(3)	(4)
525	212	—	737

NOTE.—The figures given in the above Groups I., II. and III. relate to the year ended 30th June, 1941. The figures in the following tables (Groups IV. and V.) relate to the period 1st January, 1941, to 31st December, 1941.

TABLE 4.
(BOARD OF EDUCATION TABLE 4).
DENTAL INSPECTION AND TREATMENT.

(1) Number of children inspected by the Dentist :					
		AGE		Number	
		5	...	3,664	
		6	...	4,225	
		7	...	4,517	
		8	...	4,619	
		9	...	5,215	
(a) Routine Age Groups...	...	10	...	5,395	} Total 42,280
		11	...	5,015	
		12	...	4,491	
		13	...	3,936	
		14	...	1,075	
		15	...	128	
(b) Specials	...	...	...	2,192	
(c) TOTAL (Routine and Specials)	...	...	...	44,472	
(2) Number found to require treatment	...	...	...	28,063	
(3) Number actually treated...	...	...	...	16,596	
(4) Attendances made by children for treatment	...	...	...	34,807	
(5) Half-days devoted to	...	Inspection	...	348 $\frac{1}{4}$	} Total 4,808 $\frac{1}{4}$
	...	Treatment	...	4,460	
(6) Fillings	...	Permanent Teeth	...	18,063	} Total 19,844
	...	Temporary Teeth	...	1,781	
(7) Extractions	...	Permanent Teeth	...	5,667	} Total 30,985
	...	Temporary Teeth	...	25,318	
(8) Administrations of general anæsthetics for extractions	...	...	...	731	
(9) Other operations	...	Permanent Teeth	...	3,950	} Total 5,877
	...	Temporary Teeth	...	1,927	

TABLE 5.
(BOARD OF EDUCATION TABLE 5).
UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i)	Average number of visits per school made during the year by the School Nurses	...	...	...	...	...	...	...	...	6.2
(ii)	Total number of examinations of children in the Schools by School Nurses	...	...	...	...	...	...	...	...	199,329
(iii)	Number of individual children found unclean	...	...	...	...	...	...	...	...	3,467
(iv)	Number of individual children cleansed under Section 87 (2) and (3) of the Education Act, 1921	...	...	...	...	...	...	...	...	—
(v)	Number of cases in which legal proceedings were taken :									
	(a) Under the Education Act, 1921	...	...	...	...	...	...	...	...	—
	(b) Under the School Attendance Byelaws	...	...	...	...	...	...	...	...	11

TABLE 6—*Blind and Deaf Children.*
(BOARD OF EDUCATION TABLE 6).

	At Public Elementary Schools. (1)	At an Institution other than a Special School. (2)	At no School or Institution. (3)	Total not receiving suitable education. (4)
Blind Children ...	—	—	—	—
Deaf Children ...	2	—	3	5

Mentally Defective Children.

Total number of children notified during the year ending 31st December, 1941, by the Local Education Authority to the Local Mental Deficiency Authority, under the Mental Deficiency (Notification of Children) Regulations, 1928 ... 38.

Table 7 (Board of Education Table I).

MAINTAINED, AIDED, JUNIOR TECHNICAL, JUNIOR COMMERCIAL, DAY
TRADES AND PRIVATE SCHOOLS.

Number of Children Inspected 1st January, 1941, to 31st December, 1941.

A.—ROUTINE MEDICAL INSPECTIONS.

Age.	5	6	7	8	9	10	11	12
Number examined ...	10	36	24	52	114	170	1195	607

Age.	13	14	15	16	17	18	19	Totals.
Number Examined ...	424	2,454	498	1,221	23	23	7	6,858

B.—Other Inspections.

Number of Special Inspections and Re-Inspections ...	4,897
--	-------

TABLE 8

(BOARD OF EDUCATION TABLE 2, WAR EDITION).

Classification of the Nutrition of Children Inspected during the year in the Routine
Age Groups, year ended December 31st 1941.

Year of Birth	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
1930 ...	1,195	203	17	881	74	109	9	2	—
1927 ...	2,454	495	20	1,801	74	153	6	5	—
1925 ...	1,221	428	35	739	61	52	4	2	—
Other Ages ...	1,988	375	19	1,414	71	198	10	1	—
TOTAL ...	6,858	1,501	22	4,835	71	512	7	10	—

TABLE 9.

(BOARD OF EDUCATION TABLE 3).

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS).

Total Number of Defects treated or under treatment during the year under the Authority's Scheme, NIL.

GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS—GROUP I.).

	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including squint).	671	173	844
Other defect or disease of the eyes (excluding those recorded in Group I)	—	—	—
• Total 	671	173	844
	Under the Authority's Scheme.	Otherwise.	Total.
	Under the Authority's Scheme.	Otherwise.	Total.
No. of Children for whom spectacles were			
(a) Prescribed 	293	82	375
(b) Obtained 	293	82	375

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

No. of Defects.			
Received Operative Treatment.		Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.		
(1)	(2)	(3)	(4)
18	14	—	32

NOTE.—The figures given in the above Groups relate to the year ended 30th June, 1941.

TABLE 10.

(BOARD OF EDUCATION TABLE 4).

DENTAL INSPECTION AND TREATMENT.

(1)	Number of Children inspected by the Dentist :								
	Routine Age Groups	...	...	...	...	...	...	Total	16,690
(2)	Number found to require treatment	...	...	...	...	9,956			
(3)	Number actually treated	...	...	...	...	2,106			
(4)	Attendances made by children for treatment	...	...	...	...	6,677			
(5)	Half-days devoted to	...	...	...	...	138 $\frac{1}{4}$		Total	887 $\frac{1}{4}$
		...	...	...	...	749			
(6)	Fillings	...	...	...	...	6,135		Total	6,162
		...	...	...	...	27			
(7)	Extractions	...	...	...	...	1,344		Total	1,771
		...	...	...	...	427			
(8)	Administrations of general anæsthetics for extractions	...	...	...	...	40			
(9)	Other Operations	...	...	...	...	968		Total	1,033
		...	...	...	...	65			

